



NEWS

GLOBAL NETWORK FOR PHYSICIANS SHOULD BE DEVELOPED, SAYS WMA

A global communication network for physicians to convey more effectively to individual physicians information about SARS and other communicable diseases was recently called by the World Medical Association (WMA).

At its Council meeting in Divonne-les-Bains, the WMA called on the World Health Organisation (WHO), other intergovernmental agencies and governments to help it and national medical associations develop such a global network.

The meeting passed a resolution noting that the current SARS epidemic had caused alarmingly high levels of morbidity and mortality worldwide and called on the WHO to share with medical associations the lessons learned during the epidemic. The resolution said that these lessons should include the most effective preventive measures, communication techniques, diagnostic and therapeutic methods and travel advice, using an evidence-based approach.

Commenting on the resolution, Dr Yoram Blachar, chairman of the WMA Council, said: 'SARS taught us that individual physicians needed to receive information on the disease within hours, not days or months. Using modern communication technology to deliver this information speedily can and will save lives.'

SPEEDY COMMUNICATION HAS THE POTENTIAL TO SAVE MONEY

As part of its ongoing effort to streamline efficiencies and improve communication with its service providers, Medscheme — South Africa's largest medical aid scheme administrator — has introduced a facility that allows doctors, dentists and other health care practitioners to receive their remittances via e-mail, or directly from the Medscheme web site.

Using state-of-the-art telecommunication and information technology, Medscheme is also able to send service providers an SMS or e-mail every Sunday night after a payment run to advise them of the amounts that will be paid into their bank accounts as a result of the payment run. Medscheme pays doctors weekly, as opposed to the industry norm of once or twice per month, to assist providers with cash flow.

'Medscheme strives to remain at the cutting edge of new trends and technological advancements in the health care

industry because it believes that future benefits and progress in the industry will be technology-driven. Through the use of cell phone and information technology, we are able to increase administrative efficiency, thus reducing health care costs in the long run,' says Medscheme CEO, André Meyer.

Service providers wishing to receive an SMS or e-mail message every Sunday can request this service on the Medscheme web site. They can also choose to receive their remittances via e-mail by selecting their desired medium on the web site or alternatively by contacting the Medscheme provider call centre.

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PATIENTS CAN TAKE CONTROL OF THEIR MEDICAL EXPENSES

Resolution Health Medical Scheme has launched a debit card facility for clients to pay for out-of-hospital medical services. At the same time it attempts to empower medical scheme members to take ownership of their scheme, and to consider how they use its benefits.

The Managing Director of Resolution Health (Pty) Limited, Bennie de Beer, says the Visa Electron debit card was developed as a result of a growing demand for highly versatile health care products and sophisticated health care information technology. Many responsible people only require specific cover for major medical expenses such as hospitalisation, but wish to manage their own out-of-hospital expenses.

De Beer explains further: 'With a health debit card you can structure your own health product by debiting a specific amount per month, while your medical scheme's hospital plan will cover your family for all other eventualities. With this debit system you could thus save from a very small amount to thousands of rands per month.'

The Resolution health card is issued by Mercantile Bank Limited. It can be used at any medical service provider, such as general practitioners, specialists, pharmacies and medical laboratories, provided they have access to a point of sale terminal.

There are two ways to use the card, depending on the needs of the individual member. Either it can be used to access a medical current account linked to a Resolution Health medical scheme, or an agreed amount may be debited each month from the user's current account. De Beer adds: 'With this Visa Electron based card and in terms of the agreement with the scheme, the holder of the debit card decides on the amount to



be deposited into the card account each month. Once this is done, the health card holder may present the card at any medical service provider, where it will be verified electronically to establish whether or not there are sufficient funds available. If so, the transaction will be authorised and processed.'

The card holds numerous benefits for both service providers and members, some of which include: immediate payment, no accounts, and bargaining power for discounts. It is safer to carry a debit card than cash.

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FAILURE TO TAKE PRESCRIBED MEDICINE FOR CHRONIC DISEASES IS A MASSIVE, WORLD-WIDE PROBLEM

Poor adherence to the long-term treatment of chronic diseases, such as cardiovascular diseases, HIV/AIDS or depression is an increasing, worldwide problem of striking magnitude.

Adherence problems are observed in all situations where the self-administration of treatment is required, regardless of the type of disease. In developed countries, adherence among patients suffering from chronic diseases averages only 50%, and it is even lower in developing countries.

In Gambia, China, and the USA only 27%, 43% and 51%, respectively, of patients adhere to their medication regimen for high blood pressure. Similar patterns have been reported for other conditions such as depression (40 - 70%), asthma (43% for acute treatments and 28% for maintenance), and HIV/AIDS (37 - 83%).

The adherence problem is set to expand as the worldwide burden of chronic diseases increases. Non-communicable diseases (e.g. cardiovascular disease, cancer, diabetes), mental health disorders, HIV/AIDS and tuberculosis combined represented 54% of the global burden of illness in 2001 and are expected to exceed 65% in 2020.

Better adherence does not threaten health care budgets. On the contrary, adherence to those medicines already prescribed will result in a significant decrease in the overall health budget. This is due to the reduction in the need for more costly interventions, frequent and longer hospitalisations, unnecessary use of emergency room and highly expensive intensive care services.

Patients are too often blamed when prescribed treatment is not followed in spite of the evidence that health care providers and health systems can greatly influence patients' adherence behaviour. 'Incentives must be created to reinforce the efforts

of all health professionals in favour of adherence,' said Dr Rafael Bengoa, Director, Management of Non-communicable Diseases, World Health Organisation.

At present, there is no doubt that health care teams are failing to provide behavioural support to patients; they are generally not trained to do so. Moreover, health systems do not enable health professionals to support patients' behavioural change; they have not been designed for it.

Improving adherence may well result in better health outcomes than making new technologies available. Better adherence will avoid excess costs to already stretched health systems and will improve the lives of people with chronic diseases.

1. Adherence to long-term therapies. Evidence for action www.who.int/chronic_conditions/adherencereport/en.

Fred N Sanders

MEDICAL ORGANISATIONS

BOARD OF HEALTHCARE FUNDERS OF SA

The essential function of the Board of Healthcare Funders (BHF) of South Africa is to monitor and address the constant cost spiral within the private healthcare sector. This is reflected in BHF's vision statement, which reads: 'A private health care funding system that ensures lifetime access to comprehensive and affordable health care for the family of the average working person.'

BHF is responsible for oversight of an industry in which efficiency and value are key. BHF's roles include:

Lobbying and advocacy

Because BHF has such a large member base, it has the ability to influence policy in the industry. In this regard, BHF is constantly engaged with bodies like the Department of Health and the Council for Medical Schemes, business organisations, labour organisations, NGOs and consumer bodies on all aspects of health care funding and delivery.

Research

BHF is currently researching certain aspects contained in the Taylor Commission Report on a Social Health Insurance system for South Africa, such as the proposed risk equalisation fund, tax subsidies and medical schemes savings accounts. It is also